University of North Florida, Student Health Services

1 UNF Drive, Bldg 39A, Jacksonville, Fl 32224 * Phone: (904) 620-2900 * Fax: (904) 620 2902

Authorization for Use, Disclosure, and Release of Health Information

Patient Name: Last	First	MI
Date of Birth:		
Student ID Number:		
I hereby authorize:	To Releasenformation to:	
(Name and Address of Releasing acility)	(Individual Name, Facility/Organization and Address)	

PURPOSE OF DISCLOSURE:

- ' Continuing care
- ' Payment of Claim
- ' School
- ' Worker's Compensation
- ' Legal
- ' For 0 Td [(T)14.7 (o)11 (a)-9.6 (si)-/LBody << 0 Td [(T)14.7